

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90177 040 ***150.00

DOCUMENT # P93000044335

1. Entity Name
ABSOLUTE HAIR DESIGN & TANNING, INC.

Principal Place of Business

ABSOLUTE HAIR DESIGNS
7800 U.S. 17-92 SOUTH
FERN PARK FL 32730
US

Mailing Address

ABSOLUTE HAIR DESIGNS
7800 U.S. 17-92 SOUTH
FERN PARK FL 32730
US

2. Principal Place of Business
ABSOLUTE HAIR DESIGN
7800 US HWY 1792 S STE 116

3. Mailing Address
7800 US HWY 1792 S STE 116
FERN PARK, FL 32730
407-834-HAIR

Suite, Apt. #, etc.
FERN PARK, FL 32730
407-834-HAIR

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3191485

Applied For

Not Applicable

Zip

Country

Seminole

Zip

Country

Seminole

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIGOTT, DARLENE JOAN
199 SAVANNAH PARK LOOP
LONGWOOD FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE **0** ☐ Delete
NAME **JOAN DARLENE PIGOTT**
STREET ADDRESS **199 SAVANNAH PARK LOOP**
CITY-ST-ZIP **CASSLEBERRY FL 32779**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joan Darlene Pigott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 14, 2002
407 834 4247

CR2E034 (9/01)